

REQUEST FOR PROPOSAL

CITY OF ST. LOUIS

JANUARY 24, 2013

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Introduction and Proposal Requirements

Introduction

Mercer, on behalf of City of St. Louis (City), is soliciting bids for City's medical plans. This request for proposal seeks a vendor to provide a fully insured quote with an effective date of June 16, 2013 for active participants and July 1, 2013 for COBRA and retiree participants. Currently, the City of St. Louis offers a fully insured medical low and high option PPO plan, administered by Anthem Blue Cross and Blue Shield since 2010. The prescription coverage is administered on a self-insured arrangement through the St. Louis Business Health Coalition with ESI.

The City of St. Louis' Health and Welfare Plan is not subject to ERISA. Eligibility includes all full-time active employees with the exception of civilian and uniformed employees of the St. Louis Police Department. However, employees of the St. Louis Police Department may be given the opportunity to join the plan at a future date.

Objectives

The City wishes to identify a business partner that will help it meet its objectives in providing high-quality, cost-effective benefits to its employees and retirees. The ideal relationship will meet the following needs:

- Superior customer service to plan participants and City of St. Louis personnel overseeing the program;
- Increase access to a quality-focused and cost-effective provider network;
- Accurate and timely claims administration;
- Administrative performance consistent with industry standards and negotiated contractual provisions with performance guarantees;
- Proactive case and disease management;
- Proactive, responsive, and consultative account management;
- Enhanced value (cost containment balanced with quality); and,
- Reliable, meaningful data and reporting from which to make decisions regarding plan management.

Evaluation Criteria

Key vendor selection criteria for the successful medical partner include:

- The willingness to provide a dedicated nurse team with onsite representation for certain City programs and meetings.

- Compliance with plan design specifications and administrative arrangements described in the Request for Proposal (RFP);
- Broad network access including minimal disruptions for current network arrangements;
- Demonstrated ability to provide excellent customer service and proactive account management to the City, its employees and retirees;
- Partner on wellness initiatives including strategizing with the City and their wellness partner, BJC, and the development and delivery of wellness events and services, including attending quarterly wellness meetings;
- Competitive pricing and multiple year guarantees;
- Accurate and timely claim processing;
- A commitment to member satisfaction with emphasis on member communication issues;
- Ability to provide timely, meaningful claim utilization, DM/CM reporting and financial experience reports; including book of business benchmarks and benchmarks similar to the City;
- Aggressiveness of performance guarantees;
- Specialized experience, qualification and technical competence of the firm, its principals, project manager and key staff;
- The capacity and capability of the firm to perform the work within the time limitations;
- Past record and performance of the firm with respect to schedule compliance, cost control, and quality of work;
- Proximity of the firm to the City;
- Availability of financial and operating resources as required to complete the work;
- M/WBE and/or DBE participation;
- Ability of the firm to meet statutory or ordinance requirements;
- Other items that arise as the result of the proposal or interview;
- Compliance with executing contract/policy before the effective date of coverage
- Demonstrated ability to install the plan efficiently and effectively
- Ability to provide additional value-added services to the City of St. Louis and / or its employees
- Clear, concise communication capabilities, including material and information to assist members understanding of Plan benefits and how best to optimize the benefits available.

Key Information

- Eligible employees and dependents are defined in Section 3, *Policies and Procedures*.
- The effective date of coverage is June 16, 2013 for active employees and dependents and July 1, 2013 for retirees and dependents and COBRA participants.

- The first plan year will be June 16, 2013 through June 14, 2014 for active employees and dependents. This plan year corresponds with the City's payroll date and changes each year by a few days.
- The first plan year for retirees and dependents and COBRA participants will be July 1, 2013 through June 30, 2014.
- Your organization is expected to comply with the issues addressed in this RFP.
- Following a review, an officer of your plan must sign as indicated on page 13 and page 28.
- The City may want to execute an Administrative Services Agreement, separate from the Master Group Contract to include administrative issues not addressed in the Master Group Contract.
- Please be aware that the Administrative Services Agreement is not intended to replace the Master Group Contract, however, if there is a dispute between the Administrative Services Agreement and the Master Contract, the most advantageous for the City will take precedence. The Administrative Services Agreement, the Master Contract, this RFP, plus any addenda, and the proposal accepted will control the terms. If your plan is unable to comply with any of the stipulations, such must be explained within the document and included with your proposal.

The City offers medical benefits for approximately 4,600 full-time employees and retirees. The City pays between 81% and 93% of the active "employee only" medical coverage, depending on the plan option. Dependent coverage is voluntary however the City provides a subsidy for employees with dependent coverage. Retiree coverage is voluntary with associated cost being paid by the retiree. The employee contributions are made pretax, as allowed under Section 125 of the Internal Revenue Code (IRC). The open enrollment period is anticipated to occur in April and May of 2013.

Proposed Medical Plan Designs

Refer to Appendix A for information on proposed plan designs.

Timetable and Bid Process

1. The electronic submission of your proposal for the financial response must be completed in Excel in the format and with rate tiers as instructed in Section 4.
2. The electronic submission of your proposal for the Provider Disruption Analysis must be completed in an Excel format.
3. The remainder of this document is comprised of the Confirmations, Policies and Procedures, Questionnaire and Performance Guarantees. For the electronic submission of your proposal, your organization should respond to all questions in their entirety directly in this Word document via "tracked changes".
4. Answers may not refer to other attachments. Proposals should clearly indicate the services which are being proposed and complete the RFP Response Documents in compliance with the RFP instructions.

Please reference the table below for key dates. In order to streamline the RFP process, carriers are encouraged to direct all questions regarding data and the RFP as early as possible in the RFP process to Cheryl McGaully at Mercer via e-mail. All questions must be submitted no later than January 31, 2013. A list of all entities requesting a copy of this Request for Proposals shall be maintained and all questions and responses to questions received by January 31, 2013, shall be made available to all vendors requesting a copy of the RFP.

Proposals will be reviewed by a selection committee. The selection committee is comprised of one representative selected by the Mayor, one representative selected by the Comptroller, one member selected by the President of the Board of Alderman; the Chairman of the Public Employees Committee of the Board of Alderman or his/her designee; the Chairman of Health and Human Services Committee of the Board of Alderman or his/her designee; two members elected from the authorized bargaining representatives of the St. Louis Labor Committee for Better Health, the Director of Personnel and one member of the staff of the Department of Personnel. A vendor recommendation will be submitted to the Director of Personnel and a decision reached early to mid-March for an effective date of June 16, 2013.

The Mercer contact, Cheryl McGaully, is the designated contact person. No contact with any Committee member is permitted. Unauthorized contact regarding this RFP may result in disqualification or rejection of a proposal. All communications and questions that arise concerning this RFP shall be in written form, citing the specific RFP paragraph or issues in question, and received via e-mail by Ms. McGaully.

No other contact with any City official, staff, or employee is permitted before completion of the RFP process except by invitation to do so. Unauthorized contact regarding this RFP may result in disqualification or rejection of a proposal. All communications and questions that arise concerning this RFP should be in written form, citing the specific RFP paragraph or issues in question, and received via e-mail by the Mercer contact below:

Attention: Cheryl McGaully

Phone 314 588 2545

E-mail: cheryl.mcgaully@mercer.com

Timetable

Task	Completion Date
Request For Proposal Released	January 24, 2013
Submit Intent to Bid to Mercer	January 28, 2013
Vendor Questions Due to Mercer	January 31, 2013
Mercer Q&A to Bidding Vendors	February 5, 2013
Sections 1-4 Proposal Due Date	February 7, 2013
Section 5 Proposal Due Date	February 14, 2013
Final Vendor Decision	March 15, 2013
Effective Date	June 16, 2013
Final Executed Carrier Contract Due to City	May 16, 2013

1. All documents must clearly indicate the name of the responding organization, as well as the name, address, and telephone number of the primary contact at your organization for this bid. All rate proposals require the confirming signature of an officer of your company.
2. Responses to this RFP must not be conditional, incomplete, or contain any alterations from the format provided. Please state any assumptions clearly and directly.
3. If a party intends to respond to this RFP, the party should submit written notice of such intent, using the provided Intent To Respond Form via FAX or e-mail, to Mercer Health & Benefits (see Appendix).
4. Submitted proposals must include a cover letter signed by a person authorized to contractually obligate the proposer(s) to the scope, terms, specifications, and pricing contained in the proposal, and must include a signed statement that all proposals, including price are firm for not less than one hundred and eighty (180) days from the proposal submission date.
5. Bidders must base their proposals on the current plan designs (as outlined in the Appendix), and census summarized herein. As part of the proposals, bidders should confirm in writing that the proposal is consistent with the requirements outlined herein and clearly define any and all deviations. Proposals must be presented in the format of the bid forms included in this RFP. All questions must be answered and all instructions must be followed. All proposals must be submitted by the deadline in their entirety.
6. **Sealed proposals, as well as the required electronic (via e-mail) copies of the RFP Response Documents and required attachments for providing the services described herein must be received no later than 4:00 PM CST on February 7, 2013 and in accordance with the instructions delineated in this RFP.** Proposals received after that date and time will be rejected and proposers notified. Each proposer(s) must prepare, seal, and submit an original, 11 paper copies and one (1) electronic copy (via e-mail) of the required cover letter, proposal, RFP Response Documents, and required attachments by the due date and time in a sealed envelope(s) or mailing container(s) to the contacts listed below.

The original and 9 copies of the 11 hard copies should be sent to:

City of St. Louis
Personnel Department
Employee Benefits Section
1114 Market Street, Suite 900
St. Louis, MO 63101

The exterior of the sealed envelope(s) or mailing container must be marked:

City of St. Louis
Proposal Group Medical Benefit Coverage

Two (2) hard copies should be sent to:

Mercer Health & Benefits
Attn: Cheryl McGaully
701 Market Street, Suite 1100
St. Louis, MO 63101

An electronic copy of your proposal must be e-mailed to Cheryl McGaully at Mercer, cheryl.mcgauly@mercero.com no later than 4:00 p.m. CST on February 7, 2013 in order to be considered.

The City shall maintain a list of all entities requesting copies of the RFP and shall make available all questions and responses to each entity requesting a copy of the RFP.

Carriers may delay submission of Section 5, Questionnaire. Vendors not submitting Section 5 with the initial proposal **are required to submit responses to Section 5, Questionnaire no later than 4:00 p.m. CST on February 14, 2013.** Only Section 5, responses to the Questionnaire will be accepted after the initial February 7, 2013 deadline. The above proposal submission requirements apply to Section 5.

7. The City of St. Louis reserves the following rights, which may be exercised at City of St. Louis' sole discretion:
 - To supplement, amend, substitute or otherwise modify this RFP at any time
 - To cancel this RFP with or without substitution or another RFP
 - To waive any defect or irregularity in any proposal received
 - To reject any or all proposals
 - To enter into any agreement deemed by City of St. Louis to be in the best interest of City of St. Louis with one or more responding vendors
8. Please be advised that by submitting a proposal, each proposer(s) agrees never to claim or file a cause of action or otherwise assert that the City of St. Louis, Agents of Record, employees, officials, and/or legal representatives are responsible or liable in any manner or

under any theory of liability for any risks, costs, or expenses incurred by the proposer(s) in connection with this RFP or any proposal submitted, and that this RFP in no way obligates City of St. Louis to award a contract to any proposer(s). If the RFP includes any estimation of volumes or requirements, the City of St. Louis reserves the right to modify any estimated requirements prior to signing an agreement with the selected proposer(s).

9. No proposer(s) shall have a claim against the City of St. Louis, its Agents of Record, employees, officials, and/or legal representatives in the event that any estimated requirements are modified for whatever reason. All proposals and any other materials submitted in response to this RFP will become the property of the City of St. Louis and be retained by Mercer and the City of St. Louis.
10. The company must submit a complete proposal covering all requirements identified in this RFP package in order to be considered. Proposals submitted must be the original work product of the company. Proposer(s) may submit proposals for fully-insured services only for the requested benefit levels.
11. Proposals should clearly indicate the services that are being proposed and complete the RFP Response Document in compliance with the RFP instructions.
12. Proposals may be withdrawn prior to the proposal submission date in writing by the company or its authorized representative, provided its identity is disclosed on the envelope containing the proposal and such person signs a receipt for the proposal.
13. The information presented in the RFP is not to be construed as a commitment of any kind on the part of the City of St. Louis. There is no expressed or implied obligation or responsibility for the City of St. Louis to reimburse any company for any expenses incurred in preparing a proposal in response to this RFP.
14. All proposals must be submitted in accordance with this RFP. Proposals submitted not in accordance with the RFP's instructions may be rejected. Failure to comply with the specifications and requirements of this RFP will be cause for rejection of a proposal.
15. The City of St. Louis reserves the right to cancel this RFP, the right to accept any proposal, and to reject any or all proposals and to waive informalities and minor irregularities in proposals received. The City of St. Louis, in its sole discretion, will determine whether an irregularity is minor.
16. All proposals shall be deemed final, conclusive, and irrevocable and no proposal shall be subject to correction or amendment for any error or miscalculation. No proposal shall be withdrawn after the scheduled deadline for submission of proposals.
17. The company is responsible for its own verification of all information provided to it. The company must satisfy itself, upon examination of this RFP, as to the intent of the specifications.
18. No oral interpretation will be made to any company as to the meaning of the RFP. Any oral communication will be considered unofficial and non-binding on the City of St. Louis.
19. The City of St. Louis may accept and award a contract as to one part, aspect or phase, or any combination thereof, of any proposal unless the company specifically qualifies its proposal by stating that the proposal must be accepted as a whole, and any contract awarded as to the entire proposal.

20. The City of St. Louis may, at its option, conduct interviews with companies after receipt of proposals.
21. The City of St. Louis reserves the right to negotiate final contract terms with any company.
22. The company shall not, subject to immediate disqualification of the proposal, offer or give any gratuities, favors or anything of monetary value to a member, administrator, officer, employee, representative or agent of the City of St. Louis, member of the selection committee or Mercer representative for the purpose of influencing favorable disposition toward a submitted proposal or for any reason while a proposal is pending or during the evaluation process.
23. No company shall engage in any activity or practice, by itself or with other companies, the result of which may be to restrict or eliminate competition or otherwise restrain trade. Violation of this instruction will result in immediate rejection of the company's proposal.
24. It is the intent of the City of St. Louis that the final agreement shall consist of the Administrative Service Agreement, Master Group Contract, this RFP, plus any addenda, and the proposal accepted. In the event of a conflict between the proposal and the RFP, the City of St. Louis shall resolve any inconsistency.
25. In the event the agreement awarded by the City of St. Louis is terminated for any reason within 120 days of the due date for proposals, the City of St. Louis reserves the right to negotiate and accept any other submitted proposal.
26. Award of Contract will be made by the City of St. Louis, and the agreement will be entered into with the City of St. Louis. The City of St. Louis reserves the right to split a contract award, and to award multiple contracts.
27. All qualified proposals will be evaluated and finalists will be selected based on the evaluation criteria noted herein.
28. The City of St. Louis does not discriminate on the basis of race, color, national origin, ancestry, age (40 years and older), disability, religion, sex, sexual orientation, gender identity or expression, marital status, genetic information and/or retaliation, in admission or access to, or treatment or employment in, its programs and activities.
29. Proposer(s) response to RFP documentation and questionnaire will be included as part of any final award of contract. Reliance by the City of St. Louis on information contained in proposer's response to RFP shall be used to support and/or resolve any disputes in contract interpretation.
30. Proposer(s) shall be required to comply with all ordinances of the City of St. Louis including Ordinance No. 65597, the St. Louis Living Wage Ordinance. This Ordinance can be found on the City's website at <http://stlouis.missouri.org>. The Mayor of the City of St. Louis has issued Executive Order #28 regarding Minority and Women Business Enterprises included as Appendix H. Proposals should discuss how proposer will comply with the provisions of said order.
31. The selected underwriter shall comply with all laws, ordinances, and regulations applicable to the services contemplated herein. By responding to this RFP, you are stating that you are familiar with all federal, state, and local laws, ordinances, code rules, and regulations that may in any way affect the services and products to be provided.

32. The vendor agrees to keep the information provided herein confidential. This requirement applies whether or not the recipient of the RFP package agrees to bid. Other than reports submitted to either the City or Mercer, the recipient/bidder agrees not to publish or reproduce or in any other way divulge such information in whole or part, in any manner of form, or authorize or permit others to do so.
33. Your proposal must include no minimum participation requirements for contributory plans.
34. Please quote the coverage net of commissions.
35. All coverage will be provided on a no loss/no gain basis. Vendors will be required to cover employees not actively-at-work but eligible for coverage under each of the City of St. Louis' contracts.
36. Medical coverage is to be effective immediately at the beginning of the pay period following 30 days of employment. No pre-existing condition limitations are to apply to those presently insured, newly eligible employees, or those applying during open enrollment held each year.
37. The City of St. Louis is not subject to the Employee Retirement Income Security Act of 1974 (ERISA).
38. Your organization must provide monthly, quarterly, and annual reports that display claims by provider, provider type, charge amount, approved amount, patient pay amount, amount paid to the provider and amount charged to the plan.
39. Your organization must meet with City quarterly to discuss reports and other health related needs of the City.
40. As a condition for the award of a contract from this RFP, the Proposer shall, pursuant to the provisions of Sections 285.525 through 285.555 of the Revised Statutes of Missouri, as amended, by sworn affidavit (attached hereto as Appendix G) and provision of documentation, affirm its enrollment and participation in a federal work authorization program with respect to the employees working in connection with this contract. The Proposer shall also complete and submit an affidavit (attached hereto as Appendix G) affirming that it does not knowingly employ any person who is an unauthorized alien in connection with the contract pursuant to the above stated statutes.

Qualifications of Bidders

1. The company must have experience in the administration of the proposed contract for accounts of similar size and complexity.
2. The company must have the appropriate licensure or authority to do business in the State of Missouri as a health insurance company, health maintenance organization, or similar licensed entity. The company must be current in all taxes and payments **prior to execution of an agreement**. City license information can be found on the City's website at <http://stlouis.missouri.org>.
3. By submitting a Proposal, the company certifies that is not currently debarred from submitting proposals for contracts with any political subdivision or agency of the State of Missouri, and it is not an agent or a person or entity that is currently debarred from submitting proposals for contracts issued by a political subdivision or agent of the State of Missouri.

4. Contract must be executed no later than 30 days prior to effective date of coverage.
5. The company must, in advance of the selection date, have the manpower and equipment necessary to render the program fully operational on the effective date of coverage.
6. The company must be financially stable and solvent satisfactory to the City of St. Louis.
7. The company must permit the City of St. Louis representatives access to visit the claims operation or local service office prior to contract award, if so desired by the City of St. Louis.
8. The company's Claims Administrator must maintain a local and/or toll-free phone number available for use by plan participants for claim questions, utilization management issues, and provider network services.
9. The company must be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
10. Consideration will be given to those companies that provide a multi-year rate guarantee.
11. The company must be an equal opportunity employer.
12. The company should have web-based enrollment capability.
13. The company must be willing to write the case on a no-gain/no-loss basis and waive all actively at work requirements.
14. The City currently self-bills on a bi-weekly basis for active employees and monthly for retirees and COBRA participants. The company must accept this current method of billing and also the responsibility of billing reconciliation.
15. The City makes all payments in arrears. All current billing arrangements must be duplicated. Payments are on a bi-weekly basis (26 payments); 45 days in arrears for active employees. Premiums are collected the month of for retired and COBRA participants. Payment is made on the same basis as active employees. The company must accept this current method of payment.
16. The company must have the capability to reconcile eligibility in billing bi-weekly.
17. The company must print and distribute open enrollment material as well as schedule open enrollment meetings and provide updated material when necessary at their expense.

2

Confirmations

This section is a request for confirmation of your willingness and ability to meet specific City standards and conditions. If your answer is “*agree without deviations*,” you acknowledge your willingness to incorporate the standard, as worded in the confirmation, into the final contract between you and the City. If your answer is “*agree with deviations*,” provide a brief explanation of how your plan deviates from the standard. If acceptable to the City, the modified standard will be incorporated into the final agreement. If your answer is “*no*,” this standard will not be incorporated into the final agreement. Provide a brief explanation as to why you cannot or will not accommodate the standard.

Please confirm that:

A = agree D = agree with deviations N = no A D N

Account Management

1. Will your plan agree to issue your contract/group service agreement in accordance with all of the provisions of this Request for Proposal (RFP)? If not, please indicate all variances and the reasons for these variances. Please do not refer to your standard contract language as a response to this question.
2. You will agree to be available as needed during the implementation process, then be available for quarterly (or as needed), face-to-face meetings with the City’s benefit staff to discuss outstanding issues.
3. Assist the City with enrollment meetings (approximately 25-30 meetings over 2-3 week period in April and May) to facilitate and answer questions for employees and retirees. Assist with additional enrollment meetings when Police Department employees become eligible.
4. ID cards will not include employee’s social security number. The ID card will show a random number generated by the company. ID cards will show City’s PBM information and telephone number.
5. You will furnish accurate member identification cards before the effective date of coverage and accept the City’s authorization as proof of coverage.

A = agree D = agree with deviations N = no A D N

6. Accurate ID cards for new employees will be sent within 10 business days of receipt of enrollment from the City.
7. Provider directories are available or will be made available on-line and as hard copies. It is expected that, at a minimum, this information is updated on a quarterly basis.
8. Paid claim reports will be provided within 10 business days following the end of the reporting period.
9. You agree to send eligibility feeds to PBM on a weekly basis with format to be agreed upon with PBM.
10. You will identify your subcontracted relationships and will be responsible for their performance and HIPAA compliance if applicable.
11. The following information is included in the Appendix of your proposal:
 - Most recent annual report and audited financial statements
 - Sample new member communications
 - Sample contracts (fully insured)
 - Sample claims and utilization reports available at no charge
 - Provider Disruption Analysis
 - Wellness resources and programs
12. If requested, you will provide a dedicated representative to the City to attend wellness meetings and assist City with wellness initiatives.
13. Final contract/policy will be executed by carrier no later than 30 days prior to effective date.

Financial

1. The proposed effective date is June 16, 2013, for actives and July 1, 2013, for retirees and COBRA.
2. Your fee quotes in this RFP and future quotes should assume that you will be responsible for all claims incurred on or after June 16, 2013.
3. The proposed fees do not include commissions.
4. The City will require that the selected Vendor will provide full reconciliation of the claim account(s) each month and report any discrepancies to the City for research.
5. The City requests that all financial data related to the claim account(s) be provided in electronic format (database or spreadsheet) that will permit the City to easily manipulate the cells/fields.
6. You will waive the actively-at-work clause and cover current and future disabled employees as actives until they retire, their employment is terminated, or the disability ends..
7. The current administrator will process run-out claims. Your fees for future run-out should be provided in this proposal.
8. You will provide renewal rates by January 1, prior to the renewing plan year.

 Signature

 Title

 Date

3

Policies and Procedures

This section addresses important legal and contracting issues inherent in a managed care arrangement. We anticipate that vendor's responses to employer related managed care legal and contracting issues will be a differentiating factor in the bidding process. We also expect that the successful vendor will be in a position to agree to contractual provisions that correspond to the managed care arrangement outlined in this bidding process.

To perform all of the services involved in this managed care arrangement, we understand that affiliated corporate entities may be involved. We assume that your company has the appropriate documentation in place to coordinate the services provided by these entities in a manner that allows the City to execute only one Agreement.

Following are provisions we consider essential to include in the Agreement. Please indicate in the space provided your willingness to accept and include the proposed provision in the Agreement, your willingness to accept the provision with proposed revisions or your unwillingness to accept the provision.

Note: Throughout this section, and the sections that follow, the term "MCO" means your managed care organization as a participating bidder, and the term "Company" means the City.

City of St. Louis

This MCO Policies and Procedures document ("Criterion") details the duties and responsibilities to be undertaken by (MCO) Insert full legal name

The final agreed upon contract regarding health services offered to the employees and retirees of City of St. Louis Government ("the City"), and such employees' and retirees' eligible dependents, under City of St. Louis's Medical Plan ("Plan").

This Criterion constitutes an addendum to the group services agreement ("Contract") between the City and the MCO. The executed Contract including this Criterion supersedes any and all prior letters of agreement or other agreements, by whatever name called, between MCO and the City. Participants in the MCO shall include employees of the City and such employees' eligible dependents (the "Participants"). The duties, responsibilities, and services of the MCO are as follows:

1.0 MCO Rate (i.e., Effective Dates; Premium Change Notification)

The MCO rate shall remain in effect for twelve (12) consecutive months from the effective date of MCO coverage or anniversary date thereof. The MCO rate may be adjusted upon giving not less than one-hundred and twenty (120) days prior written notice to the City, but any increases in rate shall become effective only on the anniversary of the effective date of the Contract or upon the City's prior written approval.

- ☐ Accept
☐ Reject
☐ Accept with the following revisions:
-

1.1 Premium/Fee Due Date

All payments are made in arrears. All current billing arrangements must be duplicated. Payments are on a bi-weekly basis (26 payments); 45 days in arrears for active employees. Premiums are collected a month in advance for retired participants. Payment is made on the same basis as active employees. The company must accept this current method of payment.

- ☐ Accept
☒ Reject
☐ Accept with the following revisions:
-

1.2 Self bill

The City currently self-bills on a bi-weekly basis for active employees and monthly for retirees and COBRA participants. The company must accept this current method of billing and also the responsibility of billing reconciliation.

- ☐ Accept
☒ Reject
☒ Accept with the following revisions:
-

1.3 Adjustments to Premium Payment (Premium)

Retroactive adjustment may be made for any additions or terminations of enrollees or changes in coverage classification not reflected in the City's records at the time premium is calculated by the City. These retroactive adjustments may be made to future premium/fee payments provided the changes are reported and premium is adjusted within 90 days following the date of change in coverage classification.

- ☐ Accept
☐ Reject
☒ Accept with the following revisions:

2.0 Termination of Contract

The City may immediately terminate the Contract and this Criterion upon written notice to MCO upon any of the following: (i) the MCO becomes insolvent or files for bankruptcy, (ii) the MCO fails to adhere to any requirement of this Criterion or the Contract, or (iii) the City determines in good faith that the health and welfare of its Participants are in any manner disadvantaged by continuation of the coverage. The City will provide written notice to the MCO specifying the pertinent facts and circumstances for the termination. In the event of such immediate termination, the MCO shall assist the City with an orderly transition of the MCO's responsibilities, including processing of incurred claims and providing, or arranging for the provision of, continuous care for Participants who are hospitalized at the time of the termination.

Both the City and the MCO may terminate the Contract and this Criterion either with or without cause, upon not less than ninety (90) days advance written notice to the non-terminating party and to each Participant.

Except for immediate terminations, any terminations will take effect at the end of the pay period following date of termination for active employees and the end of the month for retirees.

- ☐ Accept
☐ Reject
☐ Accept with the following revisions:

3.0 Enrollment (i.e., Open Enrollment)

The City shall determine the circumstances under which eligible employees/retirees and their dependents may enroll in the MCO as Participants or dis-enroll. The City shall also determine the circumstances under which Participants may make changes

to their coverage. In addition, the City shall determine and the MCO agrees to provide an annual "open enrollment period" during which employees will be given the opportunity to enroll (or disenroll) in the MCO as Participants. During open enrollment, retirees will be allowed to switch plans but those retirees who have not maintained City coverage will not be allowed to enroll in the plan. The City in its sole discretion will determine the timing and duration of the open enrollment. MCO agrees to pay for the cost of open enrollment material including, at a minimum, printing and distribution.

- ☐ Accept
☐ Reject
☐ Accept with the following revisions:

4.0 Confirmation of Employee and Dependent Eligibility

An eligible employee is a permanent, full-time employee defined by the City of St. Louis.

- ☐ Accept
☐ Reject
☐ Accept with the following revisions:

4.1 Dependent Eligibility

Eligible dependents include spouse or domestic partner and children up to the end of the calendar year in which the dependent turns age 26 and extended coverage for unmarried children over age 26 who cannot support themselves due to physical and mental handicap. A domestic partner is defined as an unrelated adult of the same or opposite sex of the employee with whom the employee is living in an intimate, long-term relationship with an exclusive commitment similar to marriage, in which the partners are jointly responsible for one another's welfare and share financial responsibility.

- ☐ Accept
☒ Reject
☐ Accept with the following revisions:

4.2 Retiree Coverage

Retiree coverage is available for those who, upon termination, qualify for a City retirement benefit. Retirees may participate in the retiree medical program on a fully contributory basis.

- ☐ Accept
☐ Reject
☐ Accept with the following revisions:
-

4.3 Eligibility File

MCO agrees to accept from the City, on a bi-weekly basis for active employees and a monthly basis for retirees and COBRA participants, an eligibility file, in Excel format, including name, SS#, individual and total premium. File shall be forwarded to MCO electronically bi-weekly. MCO will provide to the City a report outlining any discrepancies in such eligibility file within fifteen (15) business days after MCO's receipt of such file from the City but in no instance shall the file be sent until payment has been received by MCO for the period in question. City will respond to MCO's discrepancy report within ten (10) business days after the City's receipt of such file from MCO. MCO will perform a reconciliation of such files on a bi-weekly basis.

- ☐ Accept
☐ Reject
☐ Accept with the following revisions:
-

4.4 Eligibility File sent to PBM

MCO agrees to send on a weekly basis an eligibility file, in Excel format, including name, SS#, individual and total premium for the City's active employees, retirees and COBRA participants to the City's PBM. A predetermined file format feed will be approved and tested by both the MCO and PBM.

- ☐ Accept
☐ Reject
☐ Accept with the following revisions:
-

5.0 PBM Claims Data for Disease Management Program

MCO agrees to accept from the City's PBM pharmacy claims data to drive MCO's DM program:

- ☐ Accept
☐ Reject
☐ Accept with the following revisions:

6.0 Confirmation of Effective Dates of Coverage

An Employee and eligible dependents become covered on the first of the pay period following 30 days of employment, if enrolled. Otherwise, the employee must wait until a subsequent open enrollment period to enroll.

- ☐ Accept
☐ Reject
☐ Accept with the following revisions:

6.1 Effective Date of Coverage for Employee on Leave of Absence

An Employee on an approved family medical leave of absence during the annual enrollment period may select a new health plan just as if he/she were active. The new coverage will become effective June 16, 2013 for actives and July 1, 2013 for retirees and COBRA following the annual enrollment.

- ☐ Accept
☐ Reject
☐ Accept with the following revisions:

7.0 Qualified Change in Family Status (Changes in Coverage Status)

With the adoption of the Internal Revenue Code of 1986, Section 125, the City has chosen to follow the Code's definition of Qualified Changes in Status. Therefore, all MCOs offered must also abide by this definition. The definition includes, but is not limited to, changes in status such as: marriage, divorce, or legal separation of the Employee, birth, adoption or placement for adoption of a child by Employee, death of the Employee's spouse/domestic partner or dependent, the termination or commencement of employment of the Employee, Employee's spouse/domestic partner or dependent, a reduction or increase in hours of employment by the Employee, Employee's spouse/

domestic partner or dependent, the taking of an unpaid leave of absence by the Employee, the Employee's spouse/domestic partner or dependent, dependent ceases to satisfy the requirements for unmarried dependents, a change in the place of residence or work of the Employee, Employee's spouse/domestic partner or dependent, a significant change in health coverage for the Employee or spouse attributable to the spouse's employment, and the loss of medical benefits coverage under a Health Maintenance Organization (MCO) of the Employee, spouse/domestic partner due to the bankruptcy or other suspension of service of the MCO occur . Election of coverage and enrollment may occur within 31 days of the qualifying event.

- ☐ Accept
☒ Reject
☐ Accept with the following revisions:

7.1 Enrollment Changes

Election of coverage and enrollment may occur within 31 days of the qualifying event.

- ☐ Accept
☐ Reject
☐ Accept with the following revisions:

8.0 Coverage Termination Date

The City may terminate coverage for covered Employees and/or their dependents at the following times: a) the effective date of cancellation or termination of the MCO; b) the last day of the pay period following Employee's last day on the payroll; d) the last day of the pay period during which a dependent ceases to be an eligible dependent; e) the last day of the month in which a retiree requests coverage termination. The MCO agrees to arrange to provide covered medical services through midnight of the day the Participant's eligibility is lost.

- ☐ Accept
☐ Reject
☒ Accept with the following revisions:

9.0 MCO Termination of Employee Participation

In the event the MCO terminates coverage for a Participant for good cause, the MCO agrees to furnish the City with at least sixty (60) days advance written notice specifying why such a decision was reached, if to do so is not in violation of any applicable laws and regulations regarding the confidentiality of such information.

- ☐ Accept
☐ Reject
☐ Accept with the following revisions:

10.0 COBRA

The MCO agrees to arrange to provide covered medical services as detailed in the Contract to all Participants, including any Participants entitled to continued coverage under the Consolidated Omnibus Budget Reconciliation Act of 1985, as amended ("COBRA").

Any covered COBRA eligible Employee, Retiree, or dependent may apply for continuation of MCO benefits under the Consolidated Omnibus Budget Reconciliation Act of 1985.

- ☐ Accept
☐ Reject
☐ Accept with the following revisions:

11.0 Access to Employees

MCO's access to eligible employees shall be determined by each location making available an MCO plan. The MCO shall bear the entire cost of producing its marketing materials and making them available either directly or by mail. The MCO shall also pay the entire cost of open enrollment materials produced by the City.

- ☐ Accept
☐ Reject
☐ Accept with the following revisions:

12.0 Plan Administration – Claims Process

You agree to review claims and make determinations throughout the appeal process based on your understanding of how the benefits are to be administered.

- ☐ Accept
☐ Reject
☒ Accept with the following revisions:

12.1 Plan Administration – Certificate of Coverage Development and Distribution

You will assist in developing and reviewing the City-produced COCs prior to distribution.

- ☐ Accept
☐ Reject
☐ Accept with the following revisions:

13.0 Independent Contractors

The MCO, its subcontractors, agents, and employees, including health care providers affiliated with the MCO, shall at all times be acting as independent contractors of the City and not as its agents. The determination of the extent and nature of the health care services to be provided to Participants shall be exclusively that of the MCO and its affiliated health care providers.

Each physician employed by or affiliated with the MCO shall maintain the usual and customary physician-patient relationship with Participants.

- ☐ Accept
☐ Reject
☐ Accept with the following revisions:

14.0 Responsibilities and Covenants

The MCO agrees to comply with the following Responsibilities and Covenants:

(a) Compliance

The MCO agrees to administer the Plan in compliance with all applicable local, state and federal laws. The MCO will track and provide to the City and/or its delegates any information required by the City and/or its delegates to comply with prior coverage certification and other requirements imposed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and any other applicable law or regulation.

The City intends to comply with the applicable provisions of the Health Insurance Portability and Accountability Act (HIPAA), and any other applicable federal or state law and will waive or modify any of the eligibility rules stipulated in this document that conflict with the applicable provisions of such laws.

(b) Medical Management

- i) The MCO will adequately credential, recredential, and monitor its affiliated health care providers in accordance with the current National Committee for Quality Assurance (NCQA) criteria relating to provider selection and quality management;
- ii) The MCO's utilization management reviewers will be clinically matched to the case under review;
- iii) The MCO's communications to Plan Participants and their health care providers will include a clear statement confirming that the decision regarding what treatment is appropriate (i.e., level, duration of care, etc.) is always left to the discretion of the Participant and his or her attending physician, and confirming that pre-certification and other forms of utilization management relate solely to whether and the extent to which a procedure or service will be paid for by the Plan;
- iv) If the MCO's standardized communications are provided to Participants and/or the MCO's network providers, they will describe any Plan benefit reductions or other penalties that apply if the Participant (or his or her attending physician) does not comply with utilization management requirements imposed under the Plan and this Contract;
- v) The MCO's medical necessity and/or claim denial letters will contain adequate detail to satisfy current Employee Retirement Income Security Act of 1974 (ERISA) and state law standards;
- vi) The MCO will apply clinical criteria that are objective, clinically valid, compatible with established principles of health care, and flexible enough to allow deviations from the criteria when justified on a case-by-case basis;
- vii) The MCO will require providers to use reasonable timeframes to review appeals that relate to a determination that a procedure is not medically necessary;

- viii) The MCO will require adequate training of medical management personnel and impose appropriate standards for employee qualifications;
- ix) The MCO will make available a network of health care providers consisting of physicians and facilities sufficient to assure access to quality health care for all Participants; and
- x) The MCO will use the same care and skill as a similarly situated provider of like service would exercise following commonly accepted health care and managed care practices in the administration of services to be provided under the Contract.

- ☐ Accept
☐ Reject
☐ Accept with the following revisions:
-

15.0 Use of the City Name

The MCO shall not use the City's name or the name of any of its affiliates in any solicitation or promotional material without prior written consent from the City.

- ☐ Accept
☐ Reject
☐ Accept with the following revisions:
-

16.0 Right to Audit (i.e., Quality Assurance Provision)

The City reserves the right to audit, either directly or through its authorized agent(s), the MCO's compliance with the terms of the Contract and this Criterion. The City further reserves the right, either directly or through its authorized agent(s), to conduct a chart audit or other appropriate review to assess the quality of any services performed by the MCO or its affiliated health care providers upon reasonable advance notice to the MCO. Upon providing appropriate assurances as to confidentiality and proper use of medical information, the MCO agrees to provide the City or its authorized agent(s) with the medical records maintained by the MCO as well as any data needed to perform audits or other reviews.

* The audits shall be pre-scheduled with the MCO and shall not interfere with the delivery of care nor compromise confidentiality in any manner.

- ☐ Accept
☐ Reject
☐ Accept with the following revisions:
-

17.0 Insurance/Liability

The MCO agrees to adopt and demonstrate adoption of all of the following arrangements to protect the City or any of its affiliates and/or Participants from incurring liability for payment of any fees, which are the legal obligation of the MCO:

- (a) Insolvency insurance at an amount which is sufficient based on relevant industry standards, to cover obligations to providers for services provided to Participants.
- (b) A contractual arrangement with medical providers affiliated with the MCO prohibiting such providers from holding any Participant liable for payment of any fees, which are the legal obligation of the City of St. Louis.
- (c) Other protection from liability for its Participants as provided by applicable state or federal laws.

- ☐ Accept
☐ Reject
☐ Accept with the following revisions:
-

18.0 Annual Reports

Paid claims reports will be provided within 30 business days of the end of the reporting period. Utilization and management reports as agreed to by City of St. Louis on a quarterly basis.

- ☐ Accept
☐ Reject
☐ Accept with the following revisions:
-

19.0 Confidentiality

The MCO agrees to maintain the confidentiality of all medical, financial, and other patient specific data pertaining to Participants. The MCO agrees that, except as otherwise provided herein, such data will not be released to individuals or entities other than the Participant to which the data relate or such Participant's authorized representative except as required by law or as may be required by order of a court having jurisdiction over the Participant.

- ☐ Accept
☐ Reject
☐ Accept with the following revisions:
-

20.0 Fiduciary

During the term of the Contract, the MCO shall be a fiduciary regarding benefit determinations, review of denied claims, certifications of medical necessity (including prospective, concurrent, and retrospective review), and for carrying out specific managed care medical management and network services including:

- establishing network provider eligibility standards and quality improvement procedures and protocols,
- selecting, appointing, and terminating network providers,
- monitoring whether health care providers affiliated with MCO continue to meet the eligibility standards and quality improvement procedures and protocols of the MCO, and
- establishing and monitoring utilization review procedures and protocols.

The MCO shall be responsible for administering claims for benefits under the Plan on a fully insured basis. In discharging its responsibilities, the MCO shall act in accordance with the documents and instruments governing the Plan, and any applicable federal or state law. The MCO shall also be a fiduciary for the purpose of providing a Participant whose claim for benefits has been denied a full and fair review of the decision denying the claim. The MCO's decision on appeal of the disputed claim shall be the final review for the Plan.

In exercising its fiduciary responsibility, the MCO shall have sole and complete discretionary authority to determine eligibility for benefits, to construe the terms of the Plan, to make factual determinations, and to determine the validity of charges submitted for reimbursement under the Plan. The MCO shall be deemed to have properly exercised such authority unless it has abused its discretion hereunder by acting arbitrarily and capriciously.

Notwithstanding the foregoing, the City or its Agents shall be the administrator of the Plan, and shall have sole and complete discretionary authority to determine questions

relating to the eligibility of employees and dependents for membership in the Plan, including determination of who is a Participant. Nothing in the Contract shall limit the ability of the City to amend or terminate the Plan.

- ☐ Accept
☐ Reject
☐ Accept with the following revisions:

21.0 Indemnification

The administrator(s)/carrier(s) will not charge against the City's experience those claim payments not authorized under the benefits plan (except when authorized by the City in writing) if such payments were the result of error, negligence, reckless or willful acts or omissions by the administrator, its agents, officers, or employees.

The administrator(s)/carrier(s) will reimburse on an immediate basis any overpayments that were the result of error, negligence, reckless or willful acts or omissions by the administrator, its agents, officers, or employees.

The administrator(s)/carrier(s) will indemnify, hold harmless and save the City, its agents, officers, and employees from liability of any kind or nature (including costs, expenses, or attorney's fees) for damages suffered by any entity or person as a result of error, negligence, reckless or willful acts or omissions of the administrator, its agents, officers, or employees.

The above three paragraphs shall hold for the term of the contract with the administrator(s)/carrier(s) even if not expressly provided for in the contract.

- ☐ Accept
☐ Reject
☐ Accept with the following revisions:

22.0 Notice

Notices to the City, including issues surrounding the Policies and Procedures should be sent to:

City of St. Louis
Department of Personnel
Employee Benefits Section
Suite 900
1114 Market Street
Saint Louis, MO 63101

This Criterion is effective June 16, 2013 and shall remain in full force and effect until amended or terminated in writing and signed by the City.

Please indicate acceptance of the above and return the signed original copy.

The above is hereby accepted on this _____ day of _____, 2013.

_____ (Signature)

_____ (Title)

4

Financial Response

Fully-insured rates should be entered into the Excel Rate table provided as a separate document included with the RFP. Rates should be on a Per employee per month (PEPM) basis and be based on the following current tier ratio structure:

Groups/Tiers	Tier Ratios	
	Low Option	High Option
Active		
Employee	1.00	1.00
Employee + Spouse	2.10	2.10
Employee + Child(ren)	1.80	1.80
Employee + Family	3.00	3.00
Retiree and Spouse - Under 65		
Retiree	1.00	1.00
Retiree + Spouse	2.09	2.09
Retiree + Child(ren)	1.80	1.80
Retiree + Family	2.99	2.99
Retiree and Spouse - One Retiree Over or Under 65		
Retiree	1.00	1.00
Retiree + Spouse	3.28	3.28
Retiree + Child(ren)	1.80	1.80
Retiree + Family	5.56	5.56
Retiree and Spouse - Over 65		
Retiree *	1.00	1.00
Retiree + Spouse	2.10	2.10
Retiree + Child(ren)	3.00	3.00
Retiree + Family	2.90	2.90

* Retiree only in the "One Retiree Over or Under 65" tier is the same for "Retiree and Spouse over 65" tier.

- All quotes should be presented net of commission.
- Rates and benefits must be guaranteed for a minimum of 12 months covering the period June 16, 2013 / July 1, 2013, through June 14, 2014 / June 30, 2014.
- A multi-year rate guarantee is preferred. It is the City of St. Louis' desire to obtain the multi-year rate guarantee where the percentage of increase is **not** contingent on a tiered medical loss ratio and that the rate guarantee be a not to exceed percentage; e.g. 2nd year rate increase will not exceed X% regardless of medical loss ratio. Please submit the multi-year rate guarantee and any caveats.

- Current rates (2012-2013 plan year) are included with the RFP data. Renewal rates for the upcoming 2012-2013 plan year will not be disclosed for purposes of this marketing process.
- For validation purposes, please include a copy of your underwriting worksheet.

Responding in this Word document:

- Clearly state any participation or underwriting requirements.
- List any benefit or eligibility limitations that will apply to new members who have any pre-existing medical conditions. What is the extent and duration of these limitations?
- Clearly list any deviations from the current plan design in services covered under your plan/quotes. **If no deviations are noted, we will assume no deviations exist.**
- List reported network discounts for 2011 and 2012.

5

Questionnaire

Organizational Information

QUESTION	ANSWERS/COMMENTS
<ol style="list-style-type: none"> 1. Indicate the name of the organization, its legal structure, principal owners, and key management personnel. 2. Indicate the licensure or authority under which your organization does business in the State of Missouri. Proposer(s) must have the appropriate licensure or authority to do business in the State of Missouri as a health insurance company, health maintenance organization, or similar licensed entity. 3. Indicate whether your organization is or has been subject to any disciplinary or regulatory actions, oversight, or supervision by the State of Missouri or any other state relative to the services proposed. Please list the action and outcome. 4. Specify your organization's office (or offices) from which the City of St. Louis account will be serviced, the name and positions of the account team assigned to the City of St. Louis, and the account executive. Indicate the contact name, title, address, telephone, FAX, and e-mail address for the organization's main contact for questions concerning your proposal. 5. Indicate if your organization's main office is within the corporate limits of the City of St. Louis? Does your organization have other offices that are in the corporate limits of the City of St. Louis? 6. Provide an overview of your organization's scope of services and describe how long it has been in business generally as well as in the St. Louis area. Please describe your organization's experience in providing the services being proposed. Describe your organization's experience in providing similar services to other public employers and to those of the same industry and demographics as the City of St. Louis. 	

7. Please provide copies of your organization's financial statements for the last three (3) fiscal years. Provide audited financial statements if available.

Network Management

8. To assure a smooth transition, the City would like to see the layout for your standard eligibility file.
9. If a provider is eliminated from your network, how and when will the City be notified? How and when will members be notified?
10. Do your directories (on-line and hardcopy) indicate if a physician's office is closed to new patients?
11. Are provider directories available on-line? If not, can they be provided electronically for inclusion on the City's website?
12. Briefly describe the selection and credentialing process for provider participation in your network. Does your credentialing process meet NCQA standards?
13. Are claims adjusted when contracts are updated with retroactive effective dates?
14. Describe any significant network changes in the past year. Are you planning any significant network expansions or reductions? Explain in detail, including projected time frame for changes.

Account Management/Implementation

15. Who will be the primary account manager for the City's account? The City would like to meet the primary account manager prior to implementation and would like to be assured the account manager is advised of all implementation issues. Please include the following information in your reply:
 - A. Account manager name
 - B. Office Location
 - C. Phone Number
 - D. E-mail address
 - E. Fax number
 - F. List of account manager's current clients
 - G. Percentage of time dedicated to the City during implementation

- H. Percentage of time dedicated to the City on an ongoing basis
 - I. List of ongoing responsibilities of account manager, as it pertains to the City
 - J. List amount of time employed with your organization
16. Please provide an organizational chart of key positions of the City team. Include a description of responsibilities for each City team member along with a brief biographical description for the account manager, implementation coordinator, and any other significant team member.
 17. What is your deadline for receiving eligibility in order to issue and deliver accurate identification cards in time for June 16, 2013 for actives and July 1, 2013 for retirees and COBRA participants?
 18. Does your organization have any limitations of which we should be aware in implementing the plan for June/July 2013?
 19. Provide a sample implementation plan including key dates for June /July effective date assuming a vendor notification as indicated in the timeline in Section 1. Who from your organization will manage the implementation process? How many cases are they implementing for June/July 2013?
 20. Title II of HIPAA established requirements for the electronic submission of health information for individuals, health data security, and privacy rules for individual health information. Please indicate your organization's compliance procedures:

The Rule defines "protected individually identifiable health information" as information that:

- A. Relates to an individual's past, present, or future physical or mental health condition, and medical care or payment for such care or condition.
- B. Is created by or received by a health care provider, health plan, or employer.
- C. Identifies (or could be used to identify) an individual, including the person's name or other demographic information.

Covered entities can use or disclose an individual's protected health information without authorization

only for purposes of treatment, payment, health care operations (i.e., claims administration, quality assurance, utilization review, credentialing, and similar activities), and specified public policy-related purposes (i.e., health oversight activities, judicial and administrative proceedings, and law enforcement). In all other circumstances, a covered entity may disclose protected information only if authorization is obtained from the individual to whom the information relates.

21. Please advise whether the plan prepares and distributes the notices of credible coverage on behalf of the City on a fully insured arrangement. If yes, is there a fee?
22. What is the address of your health plan's Internet web site?
23. How is information contained in the Policies and Procedures passed on to the persons that work on the account on a daily basis (i.e., Eligibility and Enrollment, Member Services, etc.)?
24. Will you prepare Certificates of Coverage (COCs) for all enrolled plan participants that will satisfy all of the current ERISA requirements? Please provide a sample COC that will be customized for the City.
25. Please advise as to whether COC information provided by your plan is available in an electronic format (i.e., Word or PDF).
26. Will you provide full reconciliation of claim account(s) bi-weekly and report any discrepancies to the City to research?
27. Will you attend quarterly meetings between with City of St. Louis Healthcare Committee to review quarterly data, identify areas of concern and discuss methods to rectify those concerns
28. Will you attend annual meeting at which time MCO's medical director will provide annual review?
29. Will MCO provide basic claims and utilization reporting via monthly email and monitor it regularly throughout the year?

Consumer Engagement Communications

Communication Support for Web Resources and Tools

- 30 If your firm offers employee communication on the Web Site that you provide, please describe and provide samples for both initial and ongoing communication.
- 31 To what extent will you be able to customize the Web site your firm provides for City of St. Louis?

Face-to-Face

- 32 At the time of implementation, will you agree to attend enrollment meetings to educate employees on transition of care, and other events? Please describe your services included in your fee quote.

Print Materials

- 33 What print materials do you provide to support Open enrollment?
- 34 What educational materials do you provide on an ongoing basis? Can these be provided electronically for City of St. Louis' use/to adapt?

Costs

- 35 Are there additional costs for:

Description

Yes or No

Costs

Customizing the print materials you provide?
 Customizing the online materials you provide?
 Providing face-to-face communication during the year?
 Additional comments

- 36 Describe how your firm accounts for production costs for print materials.
- 37 What technical support is available to members who are trying to access Web tools?
- 38 Which of the following services will be available June 2013 through your Web site?

Web Tools	Available 6/1/13?	In Scope?
Can Members	Yes or No	Yes or No
Access provider information?		
Participate in community forums?		
If no, does your Web site link to this type of site?		
Access benefits plan summaries?		
See accumulations towards maximum visits limit for specific plan provisions?		
Access cost share calculators?		
Access medical and drug information?		
Access at least 36 months of individual claims history?		
Check eligibility		
Order new member/replacement ID cards?		
"Talk" to providers (i.e., "Ask-the-Physician")?		
Compare performance ratings (quality and cost) for hospitals and physicians?		
File a claim?		
Download printable versions of claim forms?		
Check claim status?		
Download EOBs and Monthly Statements?		
Submit appeals?		
Submit inquiries to customer service via email?		
Can Providers:		
Verify in "real-time" the eligibility status of members?		
Create virtual medical records for their patients?		
Access drug and medical history for their patients?		
Access their performance results vis-à-vis their peer group?		
Access lab values or other encounter data?		
Submit claims?		
Submit pre-certification information/extended LOS information?		
Can Plan Sponsor:		
Check member data?		
Update eligibility?		
Create reports?		
Additional comments:		
39 Please list anticipated future enhancements to your Web site along with expected date of enhancement.		
40 Please provide a dummy identification number and password for the City of St. Louis' review of these online services.		

Services	Included in Fully Insured Quote?	If NO is it offered for an additional fee?
	Yes or No	
Health Risk Assessment		
Biometric Screenings and Data Collection		
Behavior Modification (aka Targeted Behavior Modification, Lifestyle Management)		
Nurse Line, Decision Support (aka Demand Management)		
Web Portal		
On-site Education and Fitness Services (campaigns, seminars, fitness centers)		
On-site clinical services		
Disease Management (aka Chronic Condition Management)		
Maternity Management		
Case Management		
Utilization Management		
Health Advocacy		
Integrator		
Incentive Administration		
Additional Comments:		

Health Risk Assessment

41 Which of the following program(s)/service(s) are offered? If a Subcontractor is used, please indicate the name of the Subcontractor

	Offered?	Offered for an additional fee? If so indicate fee amount.	Delivery Model. Internal or Subcontract	# of Clients
Paper Health Risk Assessment				
Online Health Risk Assessment				
Telephonic Health Risk Assessment				
Additional comments:				
42. How can HRAs be customized?				

Description**Yes or NO**

Client branding

Custom questions – predetermined (i.e., Client may select from predetermined list)

Custom questions – Client developed (i.e., Client may questions they have written themselves)

Additional comments:

43. Identify your organization's book of business participation rate with the following incentive values for incentives related to health risk assessment (HRA).

Incentive Values**Percentage Participation**

\$0-\$50

\$51-\$99

\$100-\$150

Over \$150

Additional Comments:

44. Please indicate if your standard client reports generated from the HRA include the components outlined below.

Components**Yes or No**

Lifestyle Risks

Health Status

Chronic Conditions

Immunization and Preventive Exams

Productivity

Readiness to Change

Time-Over-Time Comparisons

Estimated Costs of Risks and Project Savings from Risk Reduction

Web-based/Electronic "Real Time" Format

Additional Comments:

45. Please indicate below if your standard client report generated from the HRA is offered in the following ways

Generation**Yes or No**

Hard Copy Format

Client Can Generate Own Reports from Your

Web-based System

Separate Reports by Client Location, region or

Division Demographics

Additional Comments:

General Wellness

QUESTION	ANSWERS/COMMENTS
46 Is your organization willing to fund City of St. Louis wellness program. If so, what is the annual amount your organization will provide to the City of St. Louis. Please note that the City of St. Louis can use these dollars at their discretion and for any wellness service (not just your organization's available services).	
47 List two specific things that your organization would first recommend and offer to the City to enhance their ongoing wellness program.	
48 Is your organization willing to provide an ample amount of flu shot vaccinations? Will there be a certain number of flu shots available to the City received and administered by your organization? Will there be a cost to City or employee for such vaccinations?	
49 Is your nurse team/organization willing to administer the flu shot vaccination to the City employee population?	
50 Is bariatric surgery covered under your fully insured products?	
51 What is your organization's protocol for covering the bariatric surgery? What is the process for the participant to receive this benefit?	
52 Are there certain bariatric procedures that are not covered or recommended?	
53 Is the bariatric benefit available as a rider? If so, please provide the additional cost factor to include this benefit on a fully insured arrangement.	

Behavior Modification

- 54 Please list ways that you will assist the City with continuing its wellness program and activities (please focus your response on wellness and preventive activities and not disease management)
- 55 Complete the grid below regarding the web and telephonic lifestyle management programs that you offer:

	Web Based	Telephonic					
	Currently Offered? Yes or No	Years in Place	Currently Offered? Yes or No	Years in Place	Delivery Model. Internal or Subcontract	Subcontract or Name	Cost
Nutrition/eating habits							
Pre-diabetes							
Physical activity							
Tobacco cessation							
Stress management							
Weight management							
Other							
Additional comments:							

- 56 Of the members with health risks and participating in telephonic lifestyle management coaching, what is your book of business percent for completing the telephonic program?

Nurse Line and Decision Support

- 57 Which of the following program(s)/service(s) are provided? If a Subcontractor is utilized you must provide the Subcontractor's name.

	Offered? Yes or No	Included in Fully Insured Quote? If not indicate the fee amount.	Delivery Model. Internal or Subcontract
Nurse Line			
Self-care materials: print			
Self-care materials: online			
Decision support tools			
Other: please specify			
Additional comments:			
58 Provide web address and login credentials (if necessary) for demo site			
59 Does your organization's portal have the ability to link to a client's web site or intranet? Yes or No			
60 Is telephonic support available to assist with technical difficulties and navigational challenges? Yes or No			
61 Have you successfully hosted or participated in a project to achieve single sign-on capabilities with any of your clients? Yes or No			
62 Does your organization offer capabilities for each registrant to create customized personalized page? Yes or No			
63 What metrics are used to evaluate web portal usage:			

Metric**Yes or No**

Number of unique users

Average hits per unique user

Type of information sought

Number of times a particular link/data page is accessed

Usage by time of day

Additional comments:

- 64 Does your organization offer real-time site usage reporting?

Disease Management

Question**Answer/Comments**

- 65 Is the funding methodology transparent to the clinical and service staff for disease management?
- 66 Which of the following program(s)/service(s) are offered? Describe the underlying approach/theory of your Disease Management programs.

Program/Service	Offered? Yes or No	Successful? Yes or No	Definition of Success	Delivery Model. Internal or Subcontract	Subcont ractor Name
Arthritis					
Asthma					
Chronic Pain					
Management					
Congestive Heart Failure					
(CHF)					
Chronic Obstructive					
Pulmonary Disease					
(COPD)					
Coronary Artery Disease					
(CAD)					
Depression					
Diabetes					
End Stage Renal					
Disease					
Hyperlipidemia					
Hypertension					
Low Back Pain/					
Musculoskeletal					
Obesity					
Rare Diseases					
Oncology					
Other, please specify					
Additional comments:					

- 67 How does your organization define participation in your disease management programs?
- 68 Have you implemented clinical guidelines/protocols for preventive and disease-specific services and treatments in the areas specified below?
- | | | |
|-------------------------------|------------------------------|-----------------------------|
| Pediatric preventive services | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Adult preventive services | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Asthma/respiratory disease | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Heart disease | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Diabetes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| HIV/AIDS | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Joint/muscle problems | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Depression | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Chemical dependency | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other (Please specify): | | |
- 69 Is your company willing to place additional CM/UM/DM services based on the City medical loss ratio? How would your company use these services or additional services to reduce or keep medical loss ratio percentage at an appropriate level
- 70 How will your organization assist with educating and encouraging City participants to obtain their necessary and recommended preventive care? Will you provide a financial guarantee surrounding preventive utilization?
- 71 Currently the City vendor provides dedicated nurses to the City management programs. Please describe how your management team will assist the City in controlling costs?
- 72 Is your company willing to provide a dedicated nurse team and/or dedicated nurse for additional wellness and preventive initiatives that would integrate with their current delivery model?
- 73 Has this product implemented *disease-specific* outreach programs that notify *individual* members (as opposed to all members) of their need for preventive procedures or management of selective conditions? If so, please identify these programs.
- 74 Do your networks offer a Center of Excellence program that provides care for organization transplants or other specific

conditions? If so, identify the facilities and procedures. Is the program mandatory? What is the cost?

- 75 PBM claim data must be transmitted to the chosen vendor to conduct the disease management program. Please indicate your willingness to do so and how that file transfer process would work.
- 76 How quickly would the set-up/implementation of this transmittal take for your organization? How quickly would it take your organization to use this data in DM programs?
- 77 Explain how your company will use pharmacy claims to drive identification of patients for participation with your DM program.
- 78 Does your organization have any statistics to demonstrate improved health status and clinical and financial effectiveness of your DM programs? Is your organization willing to set a financial guarantee based on this program?

Definition

Selection

- All enrollees are participants unless disenrollment is requested
- Individuals who have had at least one interaction with the program (passive)
- Individuals who have actively participated at least once (active response)
- Individuals who have participated actively within the past three months
- Individuals who have participated actively within the past month
- Individuals who have participated at their prescribed frequency
- Individuals identified through other mechanisms
- Individuals receiving a mailing or other notification
- Additional comments

- 79 What data are used to identify and stratify participants for your program?

Data**Apply? Yes or No**

- | | | |
|--------------------------------------|------------------------------|-----------------------------|
| • Medical Claims | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Rx Claims | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Dental Claims | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Vision Claims | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Behavioral Health Claims | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Health Risk Assessment Data | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Non-Occupational Disability Claims | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Occupational Disability Claims | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Lab Values | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Additional comments | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

80 How will you integrate Pharmacy and RX data from the City of St. Louis' carve out vendor to help identify and stratify participants?

81 What variables does your organization currently track and evaluate for disease management programs?

Variables Used**Yes or No**

- | | | |
|--|------------------------------|-----------------------------|
| • Participation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Identification | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Telephonic Outreach/Recruitment: Attempt to Reach) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Telephonic Outreach/Recruitment: Reached | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Stratification (e.g., low, moderate, high risk; level 1, 2, 3 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Invalid Phone Numbers (e.g., incorrect number, no phone number, disconnected, unpublished) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Active Participation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Comorbidities/Health Risks of Participants | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Satisfaction | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Member Satisfaction | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Physician Satisfaction | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Case Statistics | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Case Status: Open, ongoing, closed | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Referral Source | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Cross Program Referral | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- | | | | | |
|---|--------------------------|-----|--------------------------|----|
| • Disenrollment reason | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| • Graduation/Telephonic goals attained | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| • Call Center Statistics | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| • Call volumes: inbound and outbound | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| • Average speed to answer | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| • Abandonment rates | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| • Productive (e.g. enrollment assessment; vs. Non-productive call (e.g. left a message) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| • Reasons for Non-Enrollment | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| • Clinical Metrics | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| • Diagnosis | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| • Use of medications compared to disease | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| • Outcomes | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| • ROI | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| • Changes in physical function (e.g. SF-8, 12 or 36) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| • Changes in mental function | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| • Days of lost activity | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| • Total Medical Claims | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| • Productivity | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| • Risk Reduction | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Other, please specify:

Additional comments:

Maternity and Newborn Management

- 82 Which of the following program(s)/service(s) are offered? Define if the program is successful and define success. Describe your underlying approach/theory of your maternity management. Does the success vary by client? If a Subcontractor is utilized you must provide the Subcontractor's name.

Program/Service	Offered? Yes or No		Included in fully insured quote? If not, please indicate the fee amount	Delivery Model. Internal or Subcontract
• Incentives to increase program participation	<input type="checkbox"/>	Yes <input type="checkbox"/> No		
• Incentive administration to support increased program participation	<input type="checkbox"/>	Yes <input type="checkbox"/> No		

- Outreach and prenatal high risk assessment at 16 weeks ☐ Yes ☐ No
- Monthly outreach calls for high risk mothers until term ☐ Yes ☐ No
- Nurses experienced in maternity management programs ☐ Yes ☐ No
- Management of high risk premature infants in the NICU ☐ Yes ☐ No

Other, please specify:

Additional comments:

Case Management

83 Is the funding methodology transparent to the clinical and service staff for case management?

84 Describe your case management program. Indicate whether or not you have separate programs for complex cases versus catastrophic cases.

85 Which of the following program(s)/service(s) are offered?

Program/Service	Offered? Yes or No				Delivery Model. Internal or Subcontract	Subcontractor Name
• Complex/catastrophic case management	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
• End-of-life case management	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
• Pre-admission planning	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
• Concurrent stay review	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
• Discharge planning	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		

Other, please specify:

Additional comments:

86. What review criteria/guidelines are used for inpatient and outpatient medical/surgical pre-notification, concurrent review, and case management to ensure medical necessity and appropriateness of treatment and site?
87. What is the maximum length of stay (LOS) that can be approved by a nurse reviewer?
88. Does your organization do in-person visits for CM cases?
89. What specific diagnoses are flagged in your system as requiring CM services?
90. Does the CM staff perform on-site (hospital, physician office, or home) visits? If so, what triggers an on-site review and how frequently do they occur?
91. Identify all sources of case identification:

Sources

Yes or No

- | | | |
|------------------------------|------------------------------|-----------------------------|
| • Predictive Modeling | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Internal Referrals | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Member Services | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Utilization Management | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Disease Management | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Provider Relations | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Marketing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • High Dollar Claims Reports | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • External Referrals | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Providers | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Members Self Referral | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Family Members | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Employers | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Disability Management | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Behavioral Health | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • EAP | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Other comments:

Utilization Management

92. Which of the following program(s)/service(s) are offered?

Program/Service	Offered? Yes or No	Delivery Model. Internal or Subcontract	Subcontractor Name
• Pre-certification of facility stays	<input type="checkbox"/> Yes <input type="checkbox"/> No		
• Pre-certification of outpatient services; provide list and describe how it was developed in the space provided below the table	<input type="checkbox"/> Yes <input type="checkbox"/> No		
• Inpatient concurrent review	<input type="checkbox"/> Yes <input type="checkbox"/> No		
• Discharge planning	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other, please specify	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Additional comments:			
93. Describe three (3) aspects of your utilization management program that best captures your ability to manage costs while still preserving quality of care. What evidence can you provide to substantiate the impact of these initiatives?			
94. Do you own your own UM/UR organization or do you contract with another vendor to provide these services? Please name the vendor and describe the relationship. Are services provided centralized or decentralized?			
95. Please list the names of all organizations that have accredited your UM/UR program along with initial and re-accreditation dates:			
96. What is the ratio of FTE physicians to covered members serviced by the UM/UR organization? :			
97. Please provide a description of the level of support the City/City participants could receive from these physicians.			
98. What is the ratio of FTE RNs to covered members serviced by the UM/UR organization? :			
99. Please provide a description of the level of support the City/City participants could receive from these nurses.			
100. What is the average turnover per year for your UM/UR department:			
Nurses	% Physicians	%	
101. How does your organization propose to keep emergency room utilization at an appropriate level?			
102. What type of education do you provide to participants regarding ER utilization and when it is appropriate to use this service?			
103. What variables are used currently to track, evaluate and report for UM services?			

Variables

- Admissions/1000
- Beddays/1000
- Average length of stay (ALOS)
- Readmissions/1000
- ER visits/10000
- Referrals to other programs

Other, please specify
Comments

Apply? Yes or No

- | | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Health Advocacy

104. Which of the following program(s)/service(s) are offered?

**Included in quote or
Additional fee. If
additional
Fee, please list fee.**

Program/Service**Yes or No**

- | | | | | |
|-------------------------|--------------------------|-----|--------------------------|----|
| • Navigational advocacy | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| • Clinical advocacy | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| • Claims advocacy | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Other, please specify:

Additional comments:

105. How are health advocate services provided?

Approach**Yes or No**

- | | | | | |
|-----------------------------------|--------------------------|-----|--------------------------|----|
| • Outbound calls | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| • Inbound calls | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| • Both outbound and inbound calls | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Additional comments:

Reporting

106. Is your organization able to provide customized reporting to the City?

107. Would the reporting, specific to the City, include book of business benchmarks and benchmarks similar to City's business and population for:

- A. Disease Management
- B. Case Management
- C. Utilization Management

If yes, please explain and provide sample report(s).

108. The City currently receives executive monthly summary reports including at a minimum, claims, premium, enrollment and large claim details. Please confirm that your organization would be able to continue this type of reporting. Please describe any enhancements or differences in your organization's monthly reporting.

General Claims Administration

109. Provide the following information for at least three current and terminated client references. References must be of similar industry and size to the City. Exclude cases lost due to mergers and acquisitions.

- A. Company Name
- B. Contact Name
- C. Phone Number
- D. Number of Employees Enrolled
- E. Coverage/Service Provided
- F. Number of Years as a Customer
- G. Specify if customer was on a fully insured arrangement

110. Provide your current agency ratings:

Agency	Rating	Date of Rating
Best's		
S&P		
Moody's		
Other		

111. What percentage of employer groups terminated in your plan in: **2011** **2012**

112. What claim office is proposed to service City?

113. Do you use part-time employees or telecommuters?

What percent of processors for the proposed City claims processing unit are part-time or telecommuters?

114. What is the staffing ratio of processors to covered lives?

115. How will the City's claims be handled (e.g., by a dedicated unit or service

- representative)? A preference will be given to dedicated units.
116. What percentage of denied claims processed in 2011 were appealed? What percentages of appealed claims were approved?
 117. What form(s) of documentation is/are required from the City to allow for payment exceptions to covered services under the Summary Plan Description?
 118. Does the current medical claim system interface on-line with the UM function and member services?
 119. For an employee admitted to a participating hospital where some hospital-based physicians are not participating in your network (e.g., anesthesiologists or pathologists), can their charges be paid at the participating level? Is this a manual function?
 120. Is emergency care received from an out-of-network provider covered at the in-network level? How is an emergency defined?
 121. For dependents living out of the service area or attending school out of the service area, can non-emergency claims be paid as in-network regardless of whether the provider is participating?
 122. Please describe the verification process regarding full-time student status.
 123. What is the name of your current medical claim system(s)?
 - How long has the current claim system(s) been operational?
 - When was the last update?
 - Do you own or lease the system(s)?
 124. What updates are expected to your claim system(s) within the next two (2) years?
 - Do you anticipate a claims platform change (new system) within the next two (2) years?
 125. Will the claims/customer service platform be different for fully insured versus ASO?

126. Please provide claim adjudication statistics for the proposed claim office for the City:

Standard

Actual 2011

Coding accuracy

Payment dollar accuracy

Payment incidence accuracy

Turnaround time

127. What is the annual rate of turnover of claim processors (most recently) for the claim office you are proposing for the City?

128. What database do you currently use to determine reasonable and customary (R&C) limits?

How often is it updated?

Is there a threshold below which cutbacks would not be made (if so, indicate threshold)?

How do you communicate R&C changes?

129. Please provide the type and percentage of claims received electronically.

- | | |
|--|---|
| <input type="checkbox"/> Hospital | % |
| <input type="checkbox"/> Physician | % |
| <input type="checkbox"/> Other (please specify): | % |

130. Please provide the type and percentage of claims automatically adjudicated.

- | | |
|--|---|
| <input type="checkbox"/> Hospital | % |
| <input type="checkbox"/> Physician | % |
| <input type="checkbox"/> Other (please specify): | % |

131. Can the City benefit plans be programmed into your claims paying system? If any benefit will require manual adjustment by the claim processor, provide a list of those benefits

132. What percentage of your claims is audited per processor by the quality review program?

- Are claims sampled per client?
- If so, what percentage?

133. Please describe your reporting system via the Internet and standard and ad hoc reporting capabilities. Typically, how long

- does it take to produce these reports? Is there an additional charge? Please provide hourly report programming charges, if any
134. Do you have a reporting system that is available to clients for use for on-site ad hoc reporting?
- Can claims data be submitted to Mercer on the City's behalf?
 - Is there an additional fee?
 - If yes, please provide associated cost
135. Are you able to report benchmarks on industry, book-of-business, or location specific?
136. Describe and provide samples of claim experience reporting. Specify how many days after the close of each reporting period that reports will be available.
- Standard Monthly Reports
- Standard Annual Reports.
- Standard Quarterly Reports
- Are reports available in specific detail and identifiable form?
137. Would the City of St. Louis have desktop access to claims data?
138. Will you provide reports by each sub group designated by the City of St. Louis (e.g., division, bargaining unit, location, etc.) and other coverage categories (e.g., active employees, non-Medicare eligible retirees, Medicare eligible retirees, survivors, etc.)?
139. Do your reports display COB and subrogation savings to the City of St. Louis that are detailed by individual claim?
140. Indicate the turnaround time for ad hoc data requests or reports and if there are any additional charges for such requests.
141. Your organization must provide monthly, quarterly, and annual reports that display claims by provider, provider type, charge amount, approved amount, patient pay amount, amount paid to the provider, and amount charged to the plan. Confirm your

organization's agreement to provide these required reports.

142. Coordination of Benefits (COB)

Describe your COB administration procedures, including identification and monitoring of other coverage and claims system documentation requirements.

Specify how many times, and at what time intervals, do you follow-up if a response to your inquiry is not received? When is a claim closed, how is the claim counted regarding turnaround?

Is COB follow-up in writing or by telephone? Briefly describe your procedures.

After initial verification of other coverage, how frequently is other coverage re-verified for individuals that indicated no other coverage was available?

Do all claim processors at your office have responsibility for COB claims, or is there a special COB unit or designated processor?

Explain your process for coordinating with other health plans. Include an explanation of your coordination with Medicare, when Medicare is both primary and secondary.

143. Describe how you would integrate pharmacy and medical information for reporting purposes

Quality Control/Audit

144. Describe your HIPAA procedures and policies. Provide a copy of all HIPAA documentation.

145. Provide a copy of any required Business Associates Agreements or applicable agreement.

146. Describe your quality control program for:
Customer service.

Claims processing.

Auditing.

147. Do you use a system to track annual and lifetime maximums for all procedures with

maximums (e.g., chiropractic, other)? If not, please list the procedures your system is not able to track.

148. Describe your internal audit procedures and how a claim is identified for review.
 - What is the average percentage of error identified by audit?
 - Do you use independent claim auditors? If yes, state how used and supply the results of the audit for the past two years.
 - If you use internal audits, detail the parameters.
 - Are the claims audited over a dollar amount? If so, what are the dollar amounts?
 - If they are random audits, what are the parameters?
 - How long does it take to get a claim out of auditing
149. What audit trails does the system provide? (Provide sample reporting.)
150. Do you agree to the stipulation that the City of St. Louis or their designated representative can audit claims systems, records, and procedures?
151. In the last 24 months, has your organization been audited by an outside party? If so, by whom? Please attach copies of those audits.
152. Would you be willing to establish an internal audit program specific to the City of St. Louis? Have you done this for other clients? If so, for whom and provide full details.
153. Describe your claim cost control programs and how they are handled.
154. How do you detect overcharges?
 - How do you detect unnecessary or excessive hospital confinements?
 - How do you detect unnecessary medical treatment, repeaters, etc.?
 - Detail your internal claims auditing procedures for these procedures.
155. Describe how your claims system helps

control claim abuse, what cost control features are built in, and how claim cost savings are quantified and reported on a regular basis. Please provide sample reporting.

156. Describe your override procedures.
 - A. Who has the ability to override the system?
 - B. Are overrides reported?
 - C. To whom and how often?
 - D. Provide sample reports
157. What methods are used to verify expense and provider authenticity?
158. What percentage of claims is audited on a pre-disbursement basis?
 - A. What has been the outcome?
 - B. Provide the last 24 months of these audits.
159. What percentage of claims is audited on a post-disbursement basis?
 - A. What has been the outcome?
 - B. Provide the last 24 months of these audits.
160. Performance Goal Table: Provide performance goals and actual results for the most recent complete year for your organization in the following table:

	Performance Goal	Actual Audited Results for Year 2011
A.	Claims Payment Accuracy (1)	
B.	Claims Processing Accuracy (2)	
C.	Financial Accuracy (3)	
D.	Average Claims Turnaround	

Provide your definition for any performance measures that differ from those described in the footnotes to this Performance Goal Table.

Footnotes:

- (1). Number of audited correct payments divided by the total number of audited payments (percentage).
- (2). Number of claims processed with 100% accuracy divided by the total number of claims processed (percentage).
- (3). Dollars paid correctly divided by the total dollars paid (percentage).

161. How do you insure consistency in handling similar claims and uniformity in applying plan provisions?
162. What percentage of claims per processor is reviewed on a daily basis to assure accuracy of payment? Who reviews these claims? Please provide reports.
163. Does your system include edits for possible duplicate claims? Indicate which fields/data elements must match for the system to recognize a duplicate claim?

Member Services

164. Where will member services be handled?
Is it local or centralized?
Is member services combined with claims unit or handled separately?
165. How will the City inquiries be handled (e.g., by a dedicated unit or service representative)? A preference will be given to dedicated units.
166. Will member services performance (e.g., call abandonment rates, average wait time, etc.) be reported on a City-specific basis?
If so, at what frequency?

If not, indicate if statistics are provided on a unit or office-wide basis.
167. What are the proposed hours that the member services center will be staffed by live member services representatives?
168. What is the target ratio of member services representatives to covered lives?
What is the actual ratio?

What is the average length of service for member service representatives?
What was your turnover last year?
169. Do member services representatives have on-line access to:

- | | | |
|------------------------------|------------------------------|-----------------------------|
| • Utilization Review | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Case Management | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Claim Adjudication | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Provider Services | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Plan Detail Record | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Claims History for Patient | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

170. Describe your grievance and appeal procedures.

171. For the office that will handle the City's account, provide a report detailing office results (and your performance goals) as follows:

Standard

Actual 2011

Telephone average
speed of answer
% of calls abandoned
Average wait time
Average call time

172. Describe your quality monitoring program.

- Are supervisors able to review representatives' phone calls?
- What percent of calls are reviewed?

173. Please indicate the percentage of incoming customer service calls that are documented on-line for tracking purposes?

174. Are customer service calls monitored for quality assurance purposes? If yes, please indicate how the calls are monitored. (Check all that apply)

- ☐ Yes, through two-way silent monitoring (*able to hear both sides of the conversation without the customer service representative knowing the call is being monitored*)
- ☐ Yes, through one-way monitoring (*only able to hear customer service representative*)
- ☐ Yes, through side-by-side monitoring of the representative at their workstation
- ☐ Yes, through taped calls
- ☐ Calls are monitored through a combination of the methods identified above
- If calls are monitored, please provide the percentage of calls monitored in the most recent quarter %

175. Aside from provider directories, what additional information is available to members and employers via your Internet web page?

Please provide your internet address.

176. Please describe the online tools your organization has for participants.
Please provide a login and password for the City to review the site and tools.
177. Can members view claim information online?
178. Can member services accept orders for or issue new ID cards? If yes, what is the turnaround time?
179. What provider information is available to a member service representative (e.g., affiliations, language, hours, etc.)?
180. Are customer service representatives authorized to make claim payments and/or adjustments? If yes, describe the process. If no, describe how customer service representatives interact with your claims system and claim examiners to ensure prompt, accurate handling of claims adjustments.
 - Do you conduct regular member satisfaction surveys?
 - Are surveys conducted automatically or at the request of the employer?
 - If automatic, when was the last one conducted?
 - In which three areas did you receive the highest scores?
 - In which three areas did you receive the lowest scores?
 - What actions were taken to improve the areas that were lowest rated?
 - What is the overall satisfaction rate?

Eligibility Management

181. Please describe your organization's capabilities to maintain and manage eligibility files. Describe your organization's capabilities to transmit and receive eligibility information in paper and electronic formats to and from the City and other health plan vendors. Indicate if there are any additional charges for transmitting or receiving eligibility

to other health plan vendors.

182. Eligibility files must be transmitted to the City's prescription benefit management vendor on a weekly basis. Indicate your willingness to do so.

Financials - Network Management

183. List all locations where you lease, rather than own, the network.

Indicate the name of the leased network you utilize.

184. For what services (e.g., EAP, MH/SA) do you contract with other organizations?
185. How often are hospital contracts renegotiated?
186. How often are physician contracts renegotiated?
187. What percentage of both physician and hospital contracts will be re-contracted within the next 2 years?
188. For your PPO network, please respond to all questions in this section for the St. Louis area.
189. Do the credentialing processes for your physician and hospital networks meet current NCQA guidelines?

☐

Yes

☐

No

References

190. Please provide client references delineating the following information for each reference, preferably organizations in the public employer sector or in the same industry and groups of similar demographics as the City of St. Louis. For each client reference, please include the following information:
- Company
 - Contact Name
 - Mailing Address
 - E-mail Address
 - Contact Name's Telephone Number
 - Effective Date
 - Termination Date

191. Provide two references that are new to your organization within the last year.
192. Provide two references that have been with your organization at least two years.
193. Provide two references for customers that have terminated within the past year and the reason for the termination.

Plan Design

194. Are there certain procedures or conditions that your company does not cover which are covered under the current plan? Explain here and also note as a plan deviation.

6

Appendix:

- A. Proposed Medical Plan Design
- B. Financial Response (Excel format)
- C. Provider Disruption Data
- D. Performance Guarantees
- E. Census
- F. Intent to Bid Form
- G. Affidavit (Unauthorized Alien Employees)
- G. MBE/WBE Information

APPENDIX A

Proposed Medical Plan Designs

The city of St. Louis currently offers to its employees and retirees two plan designs:

1. High Option
2. Low Option

Refer to the summaries of the current plan designs included in the RFP data. Your proposed plan designs should match the current as closely as possible.

Be sure to clearly note any deviations from the current plan design in services covered under your plans/quotes. If not noted, we will assume no deviations exist. Include a copy of the benefit summary or contract, the plan exclusions and limitations, and alternate benefit provisions.

Please note:

We are requesting fully-insured rate quotes for PPO products with pharmacy carved out. We are also requesting your company's Medicare Advantage product for retirees (Post-65) and companion rates.

APPENDIX B

Financial Response

A rate response table is included separately with RFP documents.

The electronic submission of your proposal for the financial response must be completed in Excel in the format as instructed in Section 4 and submitted along with your proposal response.

APPENDIX C

Provider Disruption Information

A disruption analysis should be run against the disruption report included with the RFP data and provided in an Excel format.

APPENDIX D

Performance Guarantees

As stated in the introduction, the City seeks a health plan partner that can provide exceptional administrative services and is committed to member satisfaction. The City expects the winning vendor to put fees at risk if certain performance standards are not met.

The suggested performance guarantees are included with the RFP documents. This format is designed to objectively measure performance to agreed-upon standards. Recommended amounts at risk within each category are provided. Please add additional guarantees you are willing to abide by. Indicate the amount of fees you are willing to put at risk by category, and indicate any deviations from the targets or criteria parameters.

APPENDIX E

Census

The census is included with the RFP documents.

APPENDIX F

Intent to Bid

Please print and complete this form and return it to Cheryl McGaully at Mercer by January 28, 2013.

We have received the invitation to respond to the City's Request for Proposal and have the following intentions:

- ☐ We decline to bid at this time.
- ☐ We intend to submit a proposal by February 7, 2013.

Authorization:

Name and Title

Date

Company

Return completed form via fax or e-mail to:

Cheryl McGaully

Mercer Health & Benefits

Cheryl.mcgaully@mercer.com

Fax: 314-588-2525

APPENDIX G

Affidavit

EXHIBIT _____

STATE OF _____)
)SS.
 COUNTY OF _____)

AFFIDAVIT

Before me, the undersigned Notary Public, personally appeared _____
(Name) who, by me being duly sworn, deposed as follows:

My name is _____ **(Name)**, I am of sound mind, capable of making
 this Affidavit, and personally acquainted with the facts herein stated:

I am the _____ **(Position/Title)** of _____. **(Contractor)**

I have the legal authority to make the following assertions:

1. _____ **(Contractor)** is currently enrolled in and actively participates
 in a federal work authorization program with respect to the employees working in
 connection with this Agreement, as required pursuant to Sections 285.525 through
 285.555 of the Revised Statutes of Missouri 2000, as amended.
2. Pursuant to Sections 285.525 through 285.555 of the Revised Statutes of Missouri 2000,
 as amended, _____ **(Contractor)** does not knowingly employ any
 person who is an unauthorized alien in connection with this Agreement.

 Affiant

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal
 this ____ day of _____, 20__.

 Notary Public

My Commission Expires: _____

APPENDIX H

MBE/WBE Information

A copy of Executive Order #28 is included with the RFP documents.



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+1 314 588 2500

Services provided by Mercer Health & Benefits LLC.

